

2015 Standard Bronze Plan 1 - 60%

Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Deductible <i>Individual</i> <i>Family</i> <i>(copayments are not applied to deductible)</i>	\$5,000 \$10,000	\$10,000 \$20,000
Out-of-Pocket Maximum <i>Individual</i> <i>Family</i>	\$6,600 \$13,200	\$13,200 \$26,400
Physician Office Visits		
Preventive Care/Screenings/Immunizations	\$0	50% coinsurance
Primary Care (injury or illness)	\$40 copayment after INET deductible is met The first 3 mental health and first 3 medical visits are before deductible, then must meet deductible before cost sharing resumes	50% coinsurance after OON deductible is met
Specialist	\$50 copayment after INET deductible is met	50% coinsurance after OON deductible is met
Emergency/Urgent Care		
Urgent Care Center or Facility	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Emergency Room	40% coinsurance after INET deductible is met	40% coinsurance after INET deductible is met
Ambulance	\$0 after INET deductible is met	\$0 after INET deductible is met
Hospital Services		
Inpatient	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Outpatient (performed at hospital or ambulatory facility)	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Skilled Nursing Facility <i>90 day calendar year maximum</i>	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Mental Health, Substance Abuse & Behavioral Health Care		
Mental Health, Substance Abuse & Behavioral Health Services	Covered same as any other illness	Covered same as any other illness
Hospice Care		
Hospice Services	\$0 after INET deductible is met	50% coinsurance after OON deductible is met
Outpatient Services		
Home Health Care <i>100 visit calendar year maximum</i>	25% coinsurance subject to a \$50 deductible	25% coinsurance subject to a \$50 deductible
Advanced Radiology (CT/PET Scan, MRI)	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Non-Advanced Radiology (X-ray, Diagnostic)	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Laboratory Services	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met

This Standard Plan Design sample is representative and is not intended to be a legal contract. Please see the actual plan documents for a full list of benefit coverage, exclusions and the terms of the policy.

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Rehabilitative & Habilitative Therapy (Physical, Speech, Occupational) <i>combined 40 visit calendar year maximum</i>	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Chiropractic Care <i>20 visit calendar maximum</i>	\$50 copayment after INET deductible is met	50% coinsurance after OON deductible is met
Other Services		
Durable Medical Equipment	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Prosthetics	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Diabetic Supplies & Equipment	40% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Prescription Drugs		
Tier 1	\$5 copayment	50% coinsurance after OON deductible is met
Tier 2	50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Tier 3	50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Tier 4	50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met

Pediatric-Only Services (for children under age 19)

Pediatric Dental Care		
Diagnostic & Preventive (Oral Exam, Cleaning, X-ray)	\$0	50% coinsurance after OON deductible is met
Basic Restorative (Filling, Simple Extraction)	45% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Major Restorative (Endodontic, Crown)	50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Orthodontia Services <i>medically necessary only</i>	50% coinsurance after INET deductible is met	50% coinsurance after OON deductible is met
Pediatric Vision Care		
Routine Eye Exam by Specialist	\$50 copayment	50% coinsurance after OON deductible is met
Prescription Eye Glasses <i>one pair of frames & lenses per calendar year</i>	lenses: \$0; collection frames: \$0 non-collection frames: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit equal to the cost of the collection frame and will be entitled to a negotiated discount	100% coinsurance